

| | | | | | | |
|--|---|--|---|-------------------------------------|--|-------|
| SCC eFile | 2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 212529992 | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Dominion Cove Point, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD SUITE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2012</p> <p>SCC ID NO: 05823067</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | | |
| COMMON | 1,000 | | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 120 TREDEGAR STREET</p> <p style="text-align: center;">CITY/ST/ZIP: RICHMOND, VA 23219</p> | | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GARY L SYPOLT TITLE: PRESIDENT ADDRESS: 120 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: GARY L SYPOLT TITLE: PRESIDENT ADDRESS: 120 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219 | <input checked="" type="checkbox"/> | OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: GARY L SYPOLT TITLE: PRESIDENT ADDRESS: 120 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219 | <input checked="" type="checkbox"/> | OFFICER <input checked="" type="checkbox"/> DIRECTOR | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BECKY C MERRITT TITLE: VICE PRESIDENT ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: BECKY C MERRITT TITLE: VICE PRESIDENT ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: BECKY C MERRITT TITLE: VICE PRESIDENT ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFFREY L. BARGER TITLE: VICE PRESIDENT ADDRESS: 445 WEST MAIN STREET CITY/ST/ZIP/CO: CLARKSBURG, WV 26301 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: JEFFREY L. BARGER TITLE: VICE PRESIDENT ADDRESS: 445 WEST MAIN STREET CITY/ST/ZIP/CO: CLARKSBURG, WV 26301 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: JEFFREY L. BARGER TITLE: VICE PRESIDENT ADDRESS: 445 WEST MAIN STREET CITY/ST/ZIP/CO: CLARKSBURG, WV 26301 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES P. CARNEY TITLE: VP & ASST TREAS ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: JAMES P. CARNEY TITLE: VP & ASST TREAS ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: JAMES P. CARNEY TITLE: VP & ASST TREAS ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAMELA F FAGGERT TITLE: VICE PRESIDENT ADDRESS: 5000 DOMINION BOULEVARD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: PAMELA F FAGGERT TITLE: VICE PRESIDENT ADDRESS: 5000 DOMINION BOULEVARD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: PAMELA F FAGGERT TITLE: VICE PRESIDENT ADDRESS: 5000 DOMINION BOULEVARD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SIMON C. HODGES TITLE: VICE PRESIDENT ADDRESS: 120 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: SIMON C. HODGES TITLE: VICE PRESIDENT ADDRESS: 120 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: SIMON C. HODGES TITLE: VICE PRESIDENT ADDRESS: 120 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | | |

| | | | |
|---|---|---|-----------------------------------|
| NAME: | JOHN M. LOVE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 445 WEST MAIN STREET | | |
| CITY/ST/ZIP/CO: | CLARKSBURG, WV 26301 | | |
| NAME: | DONALD R. RAIKES | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 701 EAST CARY STREET | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23219 | | |
| NAME: | CARTER M. REID | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VP/GENCOUNS/SEC | | |
| ADDRESS: | 100 TREDEGAR ST | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23219 | | |
| NAME: | ASHWINI SAWHNEY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 701 EAST CARY STREET | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23219 | | |
| NAME: | THOMAS J. ALLEN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 445 WEST MAIN STREET | | |
| CITY/ST/ZIP/CO: | CLARKSBURG, WV 26301 | | |
| NAME: | SHARON L BURR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 100 TREDEGAR ST | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23219 | | |
| NAME: | G SCOTT HETZER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SVP/TAX&TREAS | | |
| ADDRESS: | 100 TREDEGAR ST | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23219 | | |
| NAME: | JOHN L. NEWMAN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST TREASURER | | |
| ADDRESS: | 100 TREDEGAR STREET | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23219 | | |
| NAME: | DIANE LEOPOLD | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SVP | | |
| ADDRESS: | INNSBROOK TECHNICAL CENTER | | |
| CITY/ST/ZIP/CO: | 5000 DOMINION BOULEVARD GLEN ALLEN, VA 23060 | | |
| NAME: | ELWOOD L. TANNER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | CONTROLLER | | |
| ADDRESS: | 120 TREDEGAR STREET | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23219 | | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ SHARON L BURR | SHARON L BURR, ASST | 8/6/2012 | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY | DATE | |
| | PRINTED NAME AND CORPORATE TITLE | | |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.